

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/068054

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51		/				
2			/				52		/				
3			/				53		/				
4			/				54		/				
5			/				55		/				
6			/				56		/				
7			/				57	/					
8			/				58	/					
9			/				59	/					
10			/				60	/					
11			/				61	/					
12			/				62	/					
13			/				63	/					
14			/				64	/					
15			/				65	/					
16			/				66	/					
17			/				67	/					
18			/				68	/					
19			/				69	/					
20			/				70	/					
21			/				71	/					
22			/				72	/					
23			/				73	/					
24			/				74	/					
25			/				75	/					
26			/				76	/					
27			/				77	/					
28			/				78	/					
29			/				79	/					
30			/				80	/					
31			/				81	/					
32			/				82	/					
33			/				83	/					
34			/				84	/					
35			/				85	/					
36			/				86	/					
37			/				87	/					
38			/				88	/					
39			/				89	/					
40			/				90	/					
41			/				91	/					
42			/				92	/					
43			/				93	/					
44			/				94	/					
45			/				95	/					
46			/				96	/					
47			/				97	/					
48			/				98	/					
49			/				99	/					
50			/				100	/					
TOTAL IND.			2				TOTAL IND.	2					
TOTAL DEP.			19				TOTAL DEP.	29					
TOTAL CLAIMS							TOTAL CLAIMS	31					